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400 Colony Square, Suite 1200  
1201 Peachtree Street  
Atlanta, GA 30361Telephone (404) 879-2150  
Telefax (404) 879-2160information@pabstpatent.com  
www.pabstpatent.com**TELEFAX****Date:** May 10, 2005**Total pages:** 4 including cover**To:** US PTO**Telephone:****Telefax:** 703-872-9306**From:** Rivka Monheit**Telephone:** 404-879-2152**Telefax:** (404) 879-2160**Our Docket No.** MIT 6120**Client/Matter No.** 701350/00008**Your Docket No.**

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**MESSAGE:****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicant:** Linda C. Cima, Edward W. Merrill and Phillip R. Kuhl**Serial No:** 08/398,555**Art Unit:** 1811**Filed:** March 3, 1995**Examiner:** Jeffrey E. Russell**For:** *CELL GROWTH SUBSTRATES WITH TETHERED CELL  
GROWTH EFFECTOR MOLECULES*

Transmittal Form PTO/SB/21

Fee Transmittal Form PTO/SB/17

Change of Correspondence Address

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	08/398,555	
	Filing Date	March 3, 1995	
	First Named Inventor	Linda G. Cima	
	Art Unit	1654	
	Examiner Name	Jeffrey E. Russel	
Total Number of Pages in This Submission	3	Attorney Docket Number	MIT 6210

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Correspondence Address - Application
Remarks <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature	<i>Rivka D. Monheit</i>		
Printed name	Rivka D. Monheit		
Date	May 10, 2005	Reg. No.	48,731

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Carla Stone</i>		
Typed or printed name	Carla Stone	Date	May 10, 2005

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MIT 6210 / 701350/00008

PTO/SB/17 (12-04)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

**Complete if Known**

Application Number	08/398,555
Filing Date	March 3, 1995
First Named Inventor	Linda G. Cima
Examiner Name	Jeffrey E. Russel
Art Unit	1654
Attorney Docket No.	MIT 6210

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	x	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	0	x	=			
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(round up to a whole number) x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature	<i>Rivka D. Monheit</i>	Registration No. (Attorney/Agent)	48,731	Telephone	(404) 879-2152
Name (Print/Type)	Rivka D. Monheit	Date	May 10, 2005		

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PTO/SB/122 (09-04)

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**CHANGE OF  
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Application Number	08/398,555
Filing Date	March 3, 1995
First Named Inventor	Linda G. Cima
Art Unit	1654
Examiner Name	Jeffrey E. Russel
Attorney Docket Number	MIT 6210

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ Attorney or agent of record. Registration Number 48,731☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

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*Rivka D. Monheit*Typed or Printed  
Name

Rivka D. Monheit

Date

May 10, 2005

Telephone

404-879-2152

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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